

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	12-58 US
		First Named Inventor	Larry Hamid
		COMPLETE IF KNOWN	
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	
<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing (37 CFR 1.16(e) Required) <input type="checkbox"/> Declaration Submitted After Initial Filing (37 CFR 1.16(e) Required)			

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SECURITY ACCESS METHOD AND APPARATUS

the specification of which

is attached hereto OR

as filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International Application Number _____, and was amended on (MM/DD/YYYY) _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplementary priority data sheet (PTO/SB/028) attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

DECLARATION - Utility or Design Patent Application		Attorney Docket No. 12-58 US	
<p>I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>			
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)	
<p>I hereby appoint Practitioners at Customer Number 25319 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p>			
<p>Direct all correspondence to: Gordon Freedman, Reg. No. 41,653 Freedman & Associates 117 Centrepointe Drive, Suite 350 Nepean, Ontario, K2G 5X3 Canada Tel: 613-274-7272 Fax: 613-274-7414</p>			
<p>I hereby declare that all statements made herein in my own knowledge are true and that all statements were made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any) <i>LARRY</i>		Family Name or Surname <i>HAMID</i>	
Inventor's Signature <i>Larry Hamid</i>	Date <i>March 20, 2001</i>		
Residence: OTTAWA	State ON	Country CA	Citizenship CANADIAN
Mailing Address 581 BROOKRIDGE CRESCENT			
Mailing Address			
City OTTAWA	State ON	ZIP K4A 1Z3	Country CANADA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any) <i>DEREK</i>		Family Name or Surname <i>BOULUS</i>	
Inventor's Signature <i>Derek Boulus</i>	Date <i>MARCH 20, 2001</i>		
Residence: OTTAWA	State ON	Country CA	Citizenship CANADIAN
Mailing Address 2-12 ROSS AVENUE			
Mailing Address			
City OTTAWA	State ON	ZIP K1Y 0N3	Country CANADA
<input type="checkbox"/> Additional inventors are being named on the		supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto	

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3
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Name Of Additional Joint Inventor, If Any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) ALBERT		Family Name or Surname HUM	
Inventor's Signature <i>Albert Hum</i>	Date March 20, 2001		
Residence: OTTAWA	State ON	Country CA	Citizenship CANADIAN
Mailing Address 420F MOODIE DRIVE			
Mailing Address			
City OTTAWA	State ON	ZIP K2H 8A6	Country CANADA
Name Of Additional Joint Inventor, If Any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name Of Additional Joint Inventor, If Any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Country	Citizenship
Name Of Additional Joint Inventor, If Any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Country	Citizenship